

# SIP Cover Sheet

<b>California's Child and Family Services Review System Improvement Plan</b>	
<b>County:</b>	<b>Kings</b>
<b>Responsible County Child Welfare Agency:</b>	Kings County Human Services Agency
<b>Period of Plan:</b>	<b>9/30/04-9/30/05</b>
<b>Period of Outcomes Data:</b>	<b>(1) Quarter ending June 30, 2003</b>
<b>Date Submitted:</b>	<b>(2) September 30, 2004</b>
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<b>Submitted by each agency for the children under its care</b>	
<b>Submitted by:</b>	<b>County Child Welfare Agency Director (Lead Agency)</b>
<b>Name:</b>	<b>Peggy Montgomery</b>
<b>Signature:</b>	
<b>Submitted by:</b>	
<b>Name:</b>	<b>County Chief Probation Officer</b>
<b>Name:</b>	<b>Dorothy Vandenberg</b>
<b>Signature:</b>	

### **Local Planning Bodies**

The Kings County Self-Assessment and System Improvement Plan (SIP) processes were completed in collaboration with the following individuals, entities and/or organizations:

- Kings County Probation Department
- Kings County Health Department
- Kings County Mental Health/Alcohol and Other Drug Department
- California Department of Social Services (CDSS), Adoptions Branch, Fresno District Office
- Santa Rosa Rancheria, ICWA Committee
- Kings County Juvenile Court
- Kings County Minor Advocate Office
- Kings County County Counsel's Office
- Kings County Sheriff's Office
- Kings County Child Abuse Prevention Coordinating Council (CAPCC), which includes the following membership representation:
  - Kings County Board of Supervisors
  - Kings County First 5 Children and Families Commission
  - Kings Community Action Organization
  - Kings County Department of Housing
  - Kings Regional Occupation Program
  - C.A.R.E.S.
  - Big Brothers/Big Sisters
  - New Hope Orthodox Presbyterian Church
- Kings County Human Services Agency Fiscal Agent
- CWS Supervisors (ER, Court, FR, PP, FM/Licensing, ILP/Schools/Family Preservation/Fresno State University Liaison)
- CWS Social Service Workers
- CWS Managers
- CWS Parents
- CWS ILP Youth (ages 14-17)
- Kings County Licensed Foster Parents

### **Local Planning Processes**

In preparation for the self-assessment and System Improvement Plan (SIP) processes, the Kings County Human Services Agency hosted a series of local conferences in collaboration with the Central California Regional Training Academy and California State University, Fresno Foundation. Three community forums were held on September 10, 2003, September 16, 2003 and September 30, 2003, which were aimed at establishing local stakeholder partnerships to assess, plan and develop strategies to implement the CWS Redesign/AB 636 initiatives. Additional goals were to formalize leadership roles, develop a community taskforce, and explore integration and expansion of local resources, services and funding so that services to children and families could be enhanced. This process built upon an existing network of collaborative relationships to solidify our community's commitment to the protection of children and maintenance of the family unit.

A variety of individuals, organizations and Agencies who serve this community were in attendance and demonstrated dedication to providing quality services. However, during the last session on September 30, 2003, which was geared toward the formation of a community taskforce, there were only three (3) representatives from local agencies present to participate (from the Hanford Elementary School District and Kings Community Action Organization). Since this group was not representative of the community, the Kings County Human Services Agency decided to approach the Kings County Child Abuse Prevention Coordinating Council (CAPCC) to engage it in the process. This group is more representative of the community in that the following individuals, organizations and/or entities are included in the membership: Kings County Human Services Agency, Kings County Mental Health/Alcohol and Other Drug Administration, First 5 Children and Families Commission, Kings County Department of Housing, Kings Regional Occupational Program, Kings County Board of Supervisors, consumers of services, New Hope Orthodox Presbyterian Church and Kings Community Action Organization.

The Kings County Human Services Agency presented information on the new California-Child and Family Services Review and associated self-assessment requirements to the local Child Abuse Prevention Coordinating Council (CAPCC) on February 19, 2004, in an effort to engage the Council in this process. At that time, the Agency and Council entered into a collaborative partnership in an effort to gather community input into the Kings County Self-Assessment. The CAPCC hosted a public forum on May 20, 2004, to obtain consumer input into systematic strengths and weaknesses of local child welfare services. Information gathered at the public forum was incorporated into Kings County's Self-Assessment Report.

County demographic and service-related data for the self-assessment was contributed by the Kings County Health Department, Kings County Probation Department and Kings County Mental Health/Alcohol and Other Drug Department. The Kings County Probation Department contributed information relating to its child welfare services for wards.

The Kings County Human Services Agency presented its final Self-Assessment Report to the local Board of Supervisors on August 3, 2004, in preparation for their review and approval of the System Improvement Plan (SIP) in September of 2004.

### **Self-Assessment Findings in Support of Qualitative Change**

#### **CalSWEC Workload Survey**

In March of 2004, CWS Social Workers participated in a workload survey through CalSWEC, which examined their educational levels, ethnicity, turnover rate and caseload size. Caseloads were relatively low in comparison to State standards; average caseloads per Social Worker were as follows: Emergency Response = 18, Family Maintenance = 18, Family Reunification = 19, Permanency Planning = 31 and Court = 11. Ethnicity of CWS staff were reflective of the CWS population as follows: 51% Hispanic, 36% Caucasian, 5% Asian/Pacific Islander, 2% Filipino & Caucasian, 2% Greek & Australian, 2% Hispanic & Caucasian and 2% African-American (at the time of the survey, 10% of staff were of African-American ethnicity, but all did not participate in the survey). There were no Native American staff; however, 5% of Kings County's CWS child population was of this ethnic group. The turnover rate for Fiscal Year 2002/2003 was 20%. The Kings County CWS workforce was determined to be one of its greatest strengths; therefore, assessment results in this area of practice are not being included in the SIP.

#### **Kings County CWS Staff Surveys**

On April 19, 2004 and April 23, 2004, CWS staff were surveyed regarding their job satisfaction, feelings of competency, perceptions of child welfare system strengths and areas identified as needing improvement; 35 staff members participated in these surveys. On a scale of 1 to 10, with 1 being the least effective and 10 being the most effective, staff rated the effectiveness of CWS as being, on average, at a 6.9 level. Staff most commonly cited the following as being needed to make them more effective as Social Workers: time, knowledge of and availability of resources, training/education, more experience, information on research, less cases, time off/vacations/mental health days, more teamwork, to hold clients accountable – not enable and self-care/professional growth. Several staff stated they need cell phones assigned to them, that the paperwork and data input requirements are overwhelming and that there should be satellite offices within the County.

There were numerous, positive aspects of CWS work cited as being important/exciting. Some of the most commonly reported were as follows: helping children/people/families, protecting children, the unexpected/new/challenging nature of CWS, providing services to families and helping children and families have a positive future.

Staff stated that, if they were the Director of CWS, they would make the following changes (most common responses): more Social Workers, a new building, no after-hours duty, additional funds, teamwork/group/unit cohesiveness and a 10/40 work week. Staff stated they would never change the following: working together as a team, the people they work with, current leadership, commitment to the children and families we serve and their job. Although survey results will be taken into consideration by management, they will not be included in the SIP due to self-assessment findings indicating the Kings

County CWS workforce is one of its greatest strengths. The Kings County Human Services Agency consistently evaluates and makes efforts to enhance the professionalism of its CWS workforce, as well as focuses on positive staff morale.

### Kings County ILP Survey

Satisfaction surveys were distributed to youth participating in Kings County's Independent Living Program (ILP) in April of 2004. A total of 17 surveys were included in the self-assessment. The remaining surveys did not contain valid data and/or the youth refused to complete the surveys. The average age of survey respondents was 16 years. The average length of time respondents reported to participating in the ILP was 16 months; nine youth reported to participating in the program a year or longer (one child reported 4 years and four children reported 3 years).

Youth were asked to comment on topics such as the following: what they were learning, what they would like to learn, how often they had contact with a CWS Social Worker, whether they felt prepared to live independently when they turn 18, what type of help they had gotten from a CWS Social Worker, whether they helped develop their Case Plans, what types of services the County needed, what CWS Social Workers could do better and how CWS Social Workers should treat a foster child.

Results indicated recipients of ILP services received a host of support/services from their CPS Social Workers including, but not limited to the following: medical/dental appointments, education, mental health, legal aid, clothing, transportation, immigration, job training, anger management and self-esteem. Participants reported receiving the most help in relation to learning their legal rights, assistance with their foster care placements and contact with their parents, family and siblings. 31% of respondents stated they helped decide what their Case Plan tasks were while 61% stated they did not. Respondents reported having regular contact with their CPS Social Workers, which was most often cited as being in the home.

In response to the question about how foster children should be treated by CPS Social Workers, survey participants recommended the following: be nice, respectful and fair; place children in homes with other children their ages; take them out to eat and talk to them without parents or friends present; treat them like youth, not babies; listen; be more attentive and efficient; treat them with courtesy; make them talk about their lives; give them their own room; don't let children know how they feel; and explain more about what is going on.

ILP youth stated Kings County needed more of the following services: anger management, foster child job services, parenthood services, mentoring programs, family problem resolution classes, teen services/activities for foster children, tutoring programs, sexual abuse prevention programs and to open up ILP services for children who are not in the foster care system.

Although the ILP component is not being included in the SIP, the ILP Coordinator is making efforts to improve ILP services for qualified youth and is taking the survey results into consideration.

### Kings County CWS Parent Survey

In April of 2004, 55 surveys were collected from parents who were currently receiving child welfare services. CPS Social Workers were instructed to personally provide a survey to all parents on their caseloads that they have regular face to face contact with (i.e. parents' whereabouts known and not incarcerated). Ideally, surveying our incarcerated parents would have been helpful; however, this was not done due to time constraints. Social Workers were instructed to give the parent personal space to complete the survey, but to collect the survey prior to the conclusion of the contact (in an effort to increase the response rate). All surveys were accompanied by an introductory letter, emphasizing the importance of obtaining feedback on the surveys, as well as an envelope with which to seal their surveys in if they preferred to remain anonymous (a majority of surveys were returned sealed in an envelope).

Out of a total of 55 surveys returned completed, the average length of time parents reported to have been working with CPS Social Workers at the time of the survey was 11 months. 24 parents reported that they had worked with CPS Social Workers a year or longer at the time of the survey (44% of the sample); the remaining parents reported the length of their relationship with CPS Social Workers to be between one week and 11 months (four parents did not answer this question).

Parents were asked to provide input on the following: types of services provided to them by the community and/or CWS Social Worker, types of services not available in the community that were needed, frequency of contact with a CWS Social Worker, visitation with their children, satisfaction with their Attorney's services, whether they had input into the Court Reports and Case Plans and suggestions for improvements to be made in CWS.

### Kings County Licensed Foster Family Home Survey

Surveys were mailed to 51 Kings County licensed foster parents with correspondence encouraging them to return the surveys to aid CWS in its efforts to enhance services and self-addressed, self-stamped envelopes; eight (8) were returned in April of 2004 (16% response rate). Foster parents were asked about what types of services they received for themselves and children in placement, what types of services were needed, recruitment and retention ideas and the quantity and quality of contact with CWS Social Workers.

The average time respondents reported to have been a Kings County licensed foster parent at the time of the survey was 4 ½ years; however, one respondent reported to have been a licensed foster parent for 16 years, which affected the average. One other foster parent reported to 8 years as a foster parent, 2 reported to 4 years and one other reported to 3 years. The other respondents had been licensed foster parents for 4 months or less at the time of the survey. 50% of respondents had children in placement at the time of the survey.

Foster parents reported the following services and/or supports to be helpful in recruiting new foster parents: earnings to stay home and care for the children, allow prospective foster parents to visit other foster homes with the children present, pay for mileage and

travel time, promote success stories by advertising the emotional rewards and benefits of being a foster parent, newspaper advertisements, contacting local Churches and asking local businesses to offer services to foster parents at a reduced or no-cost fee. Survey results indicated the following techniques may assist with maintenance of the foster parent resource pool: listen to both foster parent and foster child to assure equity, demonstrate respect and dignity for foster parents, ask what foster parents believe would help the children, keep siblings together, try to place with prior foster parents if children reenter the system, allow foster parents to contribute to the decisions being made and appoint one Social Worker for foster parents to contact if the children's Social Worker is not available.

Recruitment and retention of licensed foster parents is an area that will be focused on in Kings County's SIP due to consistent difficulties the Agency has experienced in this area of practice. Survey results are being reviewed by the Licensing staff for possible incorporation into the Agency's training, recruitment and retention plan.

#### Qualitative Review of Kings County Court Services

On April 14, 2004, the Kings County Human Services Agency met with the Juvenile Court Judge assigned to dependency cases, the Minor Advocate Office, County Counsel and several parents' Attorneys to explore enhancement of Court processes. Findings and Orders as required by Title IV-E of the Social Security Act were reviewed. Discussion ensued about how to more effectively schedule CWS cases on the calendar so that the required Findings and Orders are entered in a timely manner and children and families received judicious services. The group identified a shortage of Judges and Attorneys (MAO, County Counsel, parent representation) to be the primary reason there is difficulty navigating the Court calendar. There is one Juvenile Court Judge assigned to hear the majority of CWS cases; however, he also hears all of the family law matters, which leads to CWS cases being heard three times per week. A Commissioner is assigned to hear CWS detentions. The shortage of ample Court time for CWS causes the scheduling of continuances and Contested Hearings further in advance than families can afford (i.e. due to the timelines imposed upon Family Reunification Services).

Although Court services are not being included in the SIP, the Agency, Judge, Court staff, County Counsel and Minor Advocate Office are invested in strengthening services and efficiency of the Court proceedings through regular collaboration and problem resolution. The Agency and Court meet monthly to brainstorm methods of improving Court processes.

#### Qualitative Review of Kings County Adoption Services

On April 21, 2004, the Kings County Human Services Agency met with CDSS, Adoptions Branch, Fresno District Office to evaluate adoption services for the self-assessment and SIP processes. Since the Agency began contracting with CDSS, Adoptions in July of 2000, finalized adoptions have grown significantly, from one (1) in 1999 to 28 in 2003. CDSS Adoptions, Fresno District Office and the Agency work in close partnership to refine its practice in relation to adoption services. Policies and

procedures are being streamlined in an effort to make the referral process quicker and more user friendly for CWS staff. Supportive services such as the Kings County Family Preservation and Support Program are being accessed by CDSS Adoptions and CWS staff to support pre-adoption and post-adoption processes. CDSS is modifying its practice to make relinquishment inquiries to all birth parents at the time reunification services are terminated in an effort to expedite the adoption process and empower parents to make safe, permanent plans on behalf of their children. The Fresno District Office is currently implementing the One Church One Child Program in an effort to locate adoptive homes for African-American children.

Adoption services are not being included in the SIP at this time due to the amount of adoptions significantly increasing since our Contract went into effect in July of 2000; the Agency and the Fresno District Adoptions Branch continue to work in partnership to improve adoption services to children.

#### Qualitative Review of Tribal Services

On April 30, 2004, the Kings County Human Services Agency met with a representative from the Santa Rosa Rancheria's ICWA Committee to explore Native American services, perspectives of local child welfare services and suggestions for system improvements. The ICWA Committee has begun offering the Positive Indian Parenting curriculum to Tribal members, which filled a longstanding service gap for American Indian people in this area. The ICWA Committee and Agency are currently exploring development and implementation of ICWA case conferencing/decision-making and inclusion of ICWA Committee members in the initial investigative process. The ICWA Committee has recognized a need to recruit and Certify Native American foster homes, which it continues to focus its efforts on. The Tribal Housing Departments offers supportive and financial services to prospective and/or current ICWA Certified Homes to assist with ensuring they meet ICWA Committee Certification standards. However, the Tribe continues to experience difficulty with regard to recruitment and retention of these placement facilities just as the County has difficulty recruiting and retaining licensed foster homes. A lack of ICWA Certified Homes potentially affects the County's ability to follow the Tribe's Placement Preference Resolution locally and can result in out of County placements in the event suitable relatives cannot be located.

A major result of this qualitative review was a decision to implement ICWA MDT meetings for American Indian children and to include the ICWA Committee in on abuse/neglect investigations. The Agency and ICWA Committee are currently entering into discussions in an effort to formalize these processes.

#### Self-Assessment Summary/Conclusions

Section V of the Kings County Self-Assessment, "Summary Assessment," is attached to this document for review.



<b>Outcome/Systemic Factor: Recurrence of Maltreatment (1A &amp; 1B)</b>					
<b>County’s Current Performance (January 2004 Report): Federal = 11.2%; State = 12.0%</b>					
<b>Improvement Goal 1.0: The recurrence of maltreatment rate according to Federal methodology will decrease by at least 2% and according to State methodology by at least 1.5% by September 30, 2005.</b>					
<b>Strategy 1. 1: Structured Decision-Making (SDM) will be implemented in the Emergency Response Unit of CWS.</b>			<b>Strategy Rationale<sup>1</sup>: Utilization of SDM tools will standardize decision-making among staff when assessing risk and determining referral dispositions, which will increase CWS intervention in those cases wherein repeated substantiated referrals are most likely to occur.</b>		
<b>Milestone</b>	<b>1.1.1:</b> ER staff will complete the following SDM tools on behalf of all abuse/neglect referrals: Response Priority Decision Trees, Safety Assessments, Family Risk Assessments and Family Strengths and Needs Assessments according to the California SDM Policies and Procedures Manual.	<b>Timeframe</b>	September 30, 2004	<b>Assigned to</b>	ER Social Services Supervisor ER Social Services Social Workers
	<b>1.1.2:</b> All referrals scored as “Very High” or “High” risk levels as a result of SDM will be referred to the Court unit for FR Services. If discretionary overrides are performed, the resulting risk level score will be used to make a FR Service referral determination.		September 30, 2004		ER Social Services Supervisor ER Social Services Social Workers

<sup>1</sup> Describe how the strategies will build on progress and improve this outcome or systemic factor

Strategy 1. 2: CWS will develop a comprehensive listing of local faith-based services to provide to children and families upon initial intervention, as well as on-going as needed.		Strategy Rationale: Strengthening County partnerships with faith-based organizations can result in positive outcomes for children and families. The Kings County Self-Assessment results indicated substance abuse was the primary contributor to the recurrence of maltreatment rate. Faith-based substance abuse treatment has been proven to be effective; therefore, it would be in the best interest of families afflicted with substance abuse disorders to be referred to services provided by religious/faith-based institutions. In addition, strong neighborhoods and communities are instrumental in supporting families in need/crisis; empowerment of families and communities to resolve their own crises will instill accountability and more permanent, family-centered solutions.			
Milestone	1.2.1: A CWS Social Services Supervisor will be assigned to develop a list of community/faith-based services in collaboration with applicable referral sources and service providers.	Timeframe	January 1, 2005	Assigned to	CWS Social Services Supervisor
	1.2.2: The faith-based referral list will be made available to all CWS staff for distribution to children and families, but the Agency will require all ER staff to hand out the referral list upon initial contact with families.		January 31, 2005		CWS Clerical CWS Management

Strategy 1. 3: ER staff will make child abuse/neglect referral dispositions and enter them into CWS/CMS in accordance with WIC Section 300 and Penal Code Section 11165.12.			Strategy Rationale <sup>2</sup> : During the self-assessment process, some errors in referral dispositions were discovered. Training the ER staff to make referral dispositions in accordance with applicable legislation and entering this information correctly into CWS/CMS will result in a decrease in the recurrence of maltreatment rate.		
Milestone	1.3.1: ER staff will receive training on child abuse/neglect referral dispositions in accordance with WIC Section 300 and Penal Code Section 11165.12.	Timeframe	October 31, 2004	Assigned to	ER Social Services Supervisor
	1.3.2: Child abuse/neglect referrals will be screened carefully prior to closure to ensure dispositions are congruent with legislation. ER Staff will correct any errors in dispositions made as instructed.		October 31, 2004		ER Social Services Supervisor ER Social Services Social Workers
Describe systemic changes needed to further support the improvement goal.					
CWS has transferred the SDM tools to CWS/CMS as local Kings County templates; however, for full implementation of SDM, the tools need to be connected to the CWS/CMS application, which will require technical assistance from the Children’s Research Center (CRC). CWS staff must become accustomed to full, consistent utilization of the tools for every case and Supervisors must ensure compliance. Management must mandate ER staff to distribute faith-based service referral lists to families upon initial intervention.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals.					
CWS staff, Supervisors and Managers have been trained on SDM via the Central California Regional Training Academy; however, training for new staff, as well as refresher courses would be valuable. Kings County also desires a contract renewal between the Children’s Research Center (CRC) and the California Department of Social Services so that the County can receive invaluable technical assistance aimed at connecting the SDM tools to CWS/CMS.					
Identify roles of the other partners in achieving the improvement goals.					
Faith-based service providers must contribute information needed to complete the referral list.					

<sup>2</sup> Describe how the strategies will build on progress and improve this outcome or systemic factor

<p><b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b></p> <p><b>There are no known regulatory or statutory changes needed.</b></p>
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<b>Outcome/Systemic Factor: Rate of Recurrence of Abuse/Neglect in Homes where Children were not Removed (2A)</b>					
<b>County’s Current Performance (January 2004 Report): 11.2%</b>					
<b>Improvement Goal 2.0: The recurrence of maltreatment rate will decrease by 1.2% by September 30, 2005</b>					
<b>Strategy 2. 1: Structured Decision-Making (SDM) will be implemented in the Family Maintenance Unit of CWS.</b>			<b>Strategy Rationale<sup>1</sup>: Utilization of SDM tools in FM will standardize decision-making among staff when assessing risk on-going and determining abuse/neglect investigation dispositions. Utilization of SDM in FM will also focus staff efforts and supervision on very high to high risk cases wherein intensive services are instrumental in safeguarding these children.</b>		
<b>Milestone</b>	<b>2.1.1:</b> FM staff will complete the following SDM tools on behalf of all FM cases wherein safety conditions change: Response Priority Decision Tree, Safety Assessment and Family Risk Assessment according to the California SDM Policies and Procedures Manual.	<b>Timeframe</b>	Implementation September 30, 2004	<b>Assigned to</b>	FM Social Services Supervisor FM Social Services Workers
	<b>2.1.2 :</b> FM staff will complete the following SDM tools on behalf of all FM cases: Family Strength and Needs Assessment and Reassessment of Risk/Needs according to the California SDM Policies and Procedures Manual.		Implementation September 30, 2004		FM Social Services Supervisor FM Social Services Workers
	<b>2.1.3:</b> FM staff will comply with the SDM Contact Guidelines as they pertain to monthly required in-home visits.		Implementation September 30, 2004		FM Social Services Supervisor FM Social Services Workers

<sup>1</sup> Describe how the strategies will build on progress and improve this outcome or systemic factor

<b>Strategy 2. 2: Structured Decision-Making (SDM) will be implemented in the Emergency Response Unit of CWS.</b>			<b>Strategy Rationale: Utilization of SDM tools in ER will standardize decision-making among staff when assessing risk and determining abuse/neglect referral dispositions, which will increase CWS intervention in those cases wherein repeated substantiated referrals are most likely to occur. Referring all very high and high risk level cases to the Court unit for FR Services will objectively provide safer services to these children in that these cases are determined to be at most risk of repeated abuse/neglect. Most importantly, children in these cases will not be referred for FM Services initially, which would decrease the amount of repeated abuse/neglect on their behalf.</b>		
<b>Milestone</b>	<b>2.2.1:</b> ER staff will complete the SDM Family Risk Assessment tool prior to a referral being turned into a case. All cases scored as “Very High” or “High” risk levels will be referred to the Court unit for FR Services. If discretionary overrides are performed, the resulting risk level score will be used to make a FR Service referral determination.	<b>Timeframe</b>	Implementation September 30, 2004	<b>Assigned to</b>	ER Social Services Supervisor ER Social Services Workers
<b>Strategy 2. 3: Structured Decision-Making (SDM) will be implemented in the Court Unit of CWS.</b>			<b>Strategy Rationale: Utilization of SDM tools in Court will standardize decision-making among staff when assessing risk and determining Disposition recommendations to the Court. Recommending FR Services for all very high and high risk level cases will objectively provide safer services to these children in that these cases are not suitable for FM Services. Cases recommended to receive FM Services (moderate and low levels of risk) will most likely not result in repeated abuse/neglect while under the supervision of CWS and the Juvenile Court.</b>		

<b>Milestone</b>	<b>2.3.1:</b> Court staff will complete the SDM Family Risk Assessment tool prior to every Jurisdiction/Disposition Hearing. All cases scored as “Very High” or “High” risk levels will be recommended to receive FR Services by the Court. If discretionary overrides are performed, the resulting risk level score will be used to make a FR Service recommendation determination.	<b>Timeframe</b>	Implementation September 30, 2004	<b>Assigned to</b>	Court Social Services Supervisors Court Social Services Workers
<b>Strategy 2.4: Structured Decision-Making (SDM) will be implemented in the Family Reunification Unit of CWS.</b>			<b>Strategy Rationale:</b> Utilization of SDM tools in FR will standardize decision-making among staff when assessing risk on-going and help determine whether to recommend return of children to their homes. It will objectively and more often than not determine whether parents can reunify with their children safely and as soon as possible. A decrease in the frequency of recommending termination of FR Services prematurely will result in safer, more permanent home environments for children, thereby preventing recurrence of maltreatment while under supervision of CWS and the Juvenile Court.		
<b>Milestone</b>	<b>2.4.1:</b> FR staff will complete the SDM Reunification Reassessment and Reunification Safety Assessment for every case prior to Termination of Reunification Hearings. All cases scored as “Very High” or “High” risk levels will be recommended to receive additional FR Services or a recommendation to terminate FR Services will be made to the Court. Cases scored as “moderate” or “low” risk levels will be recommended to receive additional FR Services or FM Services (depending on mitigating risk factors). If discretionary overrides are performed, the resulting risk level score will be used to make FR/FM Service recommendations.	<b>Timeframe</b>	Implementation September 30, 2004	<b>Assigned to</b>	FR Social Services Supervisors FR Social Services Workers

<b>Strategy 2.5: Case Conferences in a MDT setting will be implemented for all CWS cases.</b>			<b>Strategy Rationale: Case conferencing is a collaborative effort that involves participatory planning, which maximizes the diverse perspectives and expertise brought to the table. Through the formation of a collective, the knowledge, experience, and skills of its individual members are combined and strengthened to become greater than the sum of the individual parts. It's premise is that each individual involved in the process brings valuable insight and resources to enhance provision of services. Case conferencing embodies the concept of collective decision making in an effort to contribute to decreased liability, an increase in shared responsibility for outcomes, and consistent, open lines of communication among team members. Professionals involved in the case conferencing process respect one another's strengths and skills in their specialty area(s), as well as acknowledge and honor differences in opinions. Team members engage in active participation in the case conference, share information and resources, and take a process approach to problem solving. The case conferencing team makes decisions that affect the well being of children and families; therefore, it is cognizant of its impact throughout the process.</b>		
<b>Milestone</b>	<b>2.5.1:</b> All staff, Supervisors, Managers and community partners participating in MDT case conferences will receive professional case conferencing facilitation training prior to implementation of CWS case conferencing.	<b>Timeframe</b>	Training by January 1, 2005 Implementation by 9/30/2005	<b>Assigned to</b>	Peggy Marvin, Deputy Director Tina Ramirez, Program Manager Debbie Roe, Program Manager Ronda Braithwaite, CWS Supervisor
<b>Describe systemic changes needed to further support the improvement goal.</b>					
CWS has transferred the SDM tools to CWS/CMS as local Kings County templates; however, for full implementation of SDM, the tools need to be connected to the CWS/CMS application, which will require technical assistance from the Children's Research Center (CRC). CWS staff must become accustomed to full, consistent utilization of the tools for every case and Supervisors must ensure compliance. CWS is currently exploring implementation of case conferences for all CWS cases in a MDT setting, which would require numerous systemic changes including, but not limited to preparation of case conference participants for the process, assignment of clerical responsibilities and adaptation of staff for the process.					



**Describe educational/training needs (including technical assistance) to achieve the improvement goals.**

**CWS staff, Supervisors and Managers have been trained on SDM via the Central California Regional Training Academy; however, training for new staff, as well as refresher courses would be valuable. Kings County also desires a contract renewal between the Children's Research Center (CRC) and the California Department of Social Services so that the County can receive invaluable technical assistance aimed at connecting the SDM tools to CWS/CMS. The Central California Regional Training Academy is currently making arrangements to provide professional case conference facilitation training to all CWS staff, Supervisors, Managers and community partners in preparation for this process.**

**Identify roles of the other partners in achieving the improvement goals.**

**Implementation of CWS case conferences would include several partners in the process including, but not limited to the Probation Department, Kings View Counseling Services, Kings Community Action Organization, Kings County Health Department, Santa Rosa Rancheria (ICWA case conferences are in development), First 5 Children and Families Commission and representation from local school districts. Their primary role is one of comprehensive assessment and service provision/referral. The case conference team will depend on a holistic perspective that takes into consideration the unique needs of the children and family and any available community-based resources that can assist them. Agency partners will educate CWS staff about the services available from their respective programs so that CWS staff and/or the family can access them. Partners will participate in collective decision-making whereby CWS intervention is planned for families. Children (if they are mature enough for the process) and parents will be invited to participate in this process so that they may actively engage in this partnership. The presence of the family in question is instrumental since they know what their presenting concerns are better than anyone and have insight into how to resolve them.**

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.**

**There are no anticipated regulatory or statutory changes needed to implement the above-referenced projects.**

<b>Outcome/Systemic Factor: Children Transitioning to Self-Sufficient Adulthood (8A)</b>						
<b>County’s Current Performance (January 2004 Report): At this time, the Kings County Probation Department does not refer eligible youth to the Independent Living Program (ILP).</b>						
<b>Improvement Goal 3.0: The Kings County Probation Department will refer all eligible children to the Independent Living Program by September 30, 2005.</b>						
<b>Strategy 3. 1: The Kings County Human Services Agency and Kings County Probation Department will develop and implement ILP referral procedures on behalf of eligible children served by the Probation Department.</b>				<b>Strategy Rationale<sup>1</sup>: Development and implementation of ILP referral procedures on behalf of Probation eligible youth will assist in preparing these children for independent living in adulthood and decrease their chances of continued delinquent behavior.</b>		
<b>Milestone</b>	<b>3.3.1:</b> CWS and Probation will meet to discuss available ILP services, eligibility requirements and ILP referral procedures.	<b>Timeframe</b>	November 30, 2004		<b>Assigned to</b>	Dorothy Vandenberg or designee Peggy Montgomery or designee Debbie Roe, Program Manager Ronda Braithwaite, ILP Supervisor Claudia Wagner, Probation Officer II
	<b>3.3.2:</b> A MOU will be developed between CWS and Probation for the implementation of ILP referral policies and procedures.		February 28, 2005			Debbie Roe, Program Manager
	<b>3.3.3:</b> Probation staff will begin referring eligible youth to the ILP.		March 1, 2005			Juvenile Probation Supervisors Juvenile Probation Officers
<b>Describe systemic changes needed to further support the improvement goal.</b>						
<b>An influx of referrals to the ILP on behalf of Probation youth will result in an increase in admissions to the program. Depending on the extent of added service participation, one (1) ILP Coordinator may be inadequate. Additional ILP classes, activities and projects may need to be arranged, as well as a curriculum tailored for Probation youth, depending on the unique needs of this population.</b>						

<sup>1</sup> Describe how the strategies will build on progress and improve this outcome or systemic factor

**Additional staff may be needed to assist with transportation of youth to classes and activities. An increase in classes would necessitate more instructors.**

**Describe educational/training needs (including technical assistance) to achieve the improvement goals.**

**An assessment of Probation youth needs will be required in an effort to ensure the ILP adequately services this population. Upon completion of the assessment, a modification of and/or separate instruction curriculum may be needed for Probation's population. The County would utilize any education/training available to assist it with a service needs assessment and specialized curriculum tailored for this population of youth.**

**Identify roles of the other partners in achieving the improvement goals.**

**The Probation Department will act as a referring entity and collaborative partner. Probation will be responsible to meet with CWS to discuss the ILP services and eligibility requirements. The Department will collaborate with CWS to develop and implement a MOU to refer eligible youth to the ILP. Probation will be responsible for educating its staff on referral policies and procedures, as well as ensuring staff forward referrals to CWS for ILP services timely. Probation will also provide updates to the Court on its youth participation in ILP services, as needed (ILP Coordinator will collaborate with the assigned Probation Officer to develop Transitional Independent Living Plans (TILPs) eligible for ILP services so that these may be provided to the Court, as applicable).**

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.**

**Increased funding for ILP services will be necessary when participation increases. Otherwise, there are no other known legislative or regulatory changes needed to coordinate these services for Probation youth.**

<b>Outcome/Systemic Factor: Rate of Foster Care Re-Entry</b>					
<b>County’s Current Performance (January 2004 Report): Federal: 13.0%</b>					
<b>Improvement Goal 2.0: The rate of foster care re-entry rate will decrease by 2.0% by September 30, 2005</b>					
<b>Strategy 2. 1: Structured Decision-Making (SDM) will be implemented in the Family Maintenance Unit of CWS.</b>			<b>Strategy Rationale<sup>1</sup>: Utilization of SDM tools in FM will standardize decision-making among staff when assessing risk on-going and determining whether the family is stable prior to termination of FM Services. Implementation of SDM will assist with objectively determining whether termination of FM Services is in the best interest of children, which should contribute to a decrease in the compliance rate.</b>		
<b>Milestone</b>	<b>2.1.1:</b> FM staff will complete the following SDM tools on behalf of all FM cases wherein safety conditions change: Response Priority Decision Tree, Safety Assessment and Family Risk Assessment according to the California SDM Policies and Procedures Manual.	<b>Timeframe</b>	Implementation September 30, 2004	<b>Assigned to</b>	FM Social Services Supervisor FM Social Services Workers
	<b>2.1.2:</b> FM staff will comply with the SDM Contact Guidelines as they pertain to monthly required in-home visits. Increased contacts with children and families, as well as intensive services on behalf of families that exhibit moderate to very high risk levels, will contribute to providing safety and stability to children.		Implementation September 30, 2004		FM Social Services Supervisor FM Social Services Workers

<sup>1</sup> Describe how the strategies will build on progress and improve this outcome or systemic factor

	<p><b>2.1.3:</b> FM staff will complete the SDM Family Risk Reassessment, Family Strengths and Needs Reassessment and Child Strengths and Needs Reassessment tools prior to every FM Status Review Hearing. All cases scored as “Very High” or “High” risk levels on the Family Risk Reassessment will be recommended to receive additional FM Services by the Court, if available. Cases scored at moderate risk levels will be further evaluated with the other tools to determine whether additional FM Services are needed. If discretionary overrides are performed, the resulting risk level scores will be used to make a FM Service recommendation determination.</p>		Implementation September 30, 2004		<p>FM Social Services Supervisor FM Social Services Workers</p>
<p><b>Strategy 2. 2: Structured Decision-Making (SDM) will be implemented in the Emergency Response Unit of CWS.</b></p>			<p><b>Strategy Rationale: Utilization of SDM tools in ER will standardize decision-making among staff when assessing risk and determining abuse/neglect referral dispositions. Offering 30 day ER Service Plan Agreements to families that exhibit low to moderate risk levels will assist in providing pre-placement prevention services.</b></p>		
<b>Milestone</b>	<p><b>2.2.1:</b> ER staff will complete the SDM Family Risk Assessment tool prior to an inconclusive or substantiated referral being closed. All cases scored as “Low” or “Moderate” risk levels will be offered a 30 Day ER Service Plan Agreement. Services will be provided by ER for all families agreeing to participate on a voluntary basis for 30 days.</p>	<b>Timeframe</b>	Implementation September 30, 2004	<b>Assigned to</b>	<p>ER Social Services Supervisor ER Social Services Workers</p>

<b>Strategy 2. 3: Structured Decision-Making (SDM) will be implemented in the Court Unit of CWS.</b>			<b>Strategy Rationale: Utilization of SDM tools in Court will standardize decision-making among staff when assessing risk and determining Disposition recommendations to the Court. Recommending FR Services for all very high and high risk level cases will objectively provide safer services to these children in that these cases are not suitable for FM Services. Cases recommended to receive FM Services (moderate and low levels of risk) will most likely not result in repeated abuse/neglect while under the supervision of CWS and the Juvenile Court.</b>		
<b>Milestone</b>	<b>2.3.1:</b> Court staff will complete the SDM Family Risk Assessment tool prior to every Jurisdiction/Disposition Hearing. All cases scored as “Very High” or “High” risk levels will be recommended to receive FR Services by the Court. If discretionary overrides are performed, the resulting risk level score will be used to make a FR Service recommendation determination.	<b>Timeframe</b>	Implementation September 30, 2004	<b>Assigned to</b>	Court Social Services Supervisors Court Social Services Workers
<b>Strategy 2.4: Structured Decision-Making (SDM) will be implemented in the Family Reunification Unit of CWS.</b>			<b>Strategy Rationale: Utilization of SDM tools in FR will standardize decision-making among staff when assessing risk on-going and help determine whether to recommend return of children to their homes. It will objectively and more often than not determine whether parents can reunify with their children safely and as soon as possible. A decrease in the frequency of recommending termination of FR Services prematurely will result in safer, more permanent home environments for children, thereby preventing recurrence of maltreatment while under supervision of CWS and the Juvenile Court.</b>		

Milestone	2.4.1: FR staff will complete the SDM Reunification Reassessment and Reunification Safety Assessment for every case prior to Termination of Reunification Hearings. All cases scored as “Very High” or “High” risk levels will be recommended to receive additional FR Services or a recommendation to terminate FR Services will be made to the Court. Cases scored as “moderate” or “low” risk levels will be recommended to receive additional FR Services or FM Services (depending on mitigating risk factors). If discretionary overrides are performed, the resulting risk level score will be used to make FR/FM Service recommendations.	Timeframe	Implementation September 30, 2004	Assigned to	FR Social Services Supervisors FR Social Services Workers
<b>Strategy 2.5: Case Conferences in a MDT setting will be implemented for all CWS cases.</b>			<b>Strategy Rationale:</b> Case conferencing is a collaborative effort that involves participatory planning, which maximizes the diverse perspectives and expertise brought to the table. Through the formation of a collective, the knowledge, experience, and skills of its individual members are combined and strengthened to become greater than the sum of the individual parts. It’s premise is that each individual involved in the process brings valuable insight and resources to enhance provision of services. Case conferencing embodies the concept of collective decision making in an effort to contribute to decreased liability, an increase in shared responsibility for outcomes, and consistent, open lines of communication among team members. Professionals involved in the case conferencing process respect one another’s strengths and skills in their specialty area(s), as well as acknowledge and honor differences in opinions. Team members engage in active participation in the case conference, share information and resources, and take a process approach to problem solving. The case conferencing team makes decisions that affect the well being of children and families; therefore, it is cognizant of its impact throughout the process.		

<b>Milestone</b>	<b>2.5.1:</b> All staff, Supervisors, Managers and community partners participating in MDT case conferences will receive professional case conferencing facilitation training prior to implementation of CWS case conferencing.	<b>Timeframe</b>	Training by January 1, 2005 Implementation by 9/30/2005	<b>Assigned to</b>	Peggy Marvin, Deputy Director Tina Ramirez, Program Manager Debbie Roe, Program Manager Ronda Braithwaite, CWS Supervisor
<b>Strategy 2.6: All CWS staff will enter monthly face to face contacts with children in CWS/CMS within two (2) weeks of the contact (connects to Process Measure 2C-Timely Social Worker Visits with Child).</b>			<b>Strategy Rationale: Making timely visits with children will ensure stability of their placements, routine safety/risk assessments and provision of services that will decrease the foster care reentry rate. In addition, Kings County's performance in relation to the process measure, "Timely Social Worker Visits with Children" will improve as a result of timely data input.</b>		
<b>Milestone</b>	<b>2.6.1:</b> All CWS staff will enter face to face contacts with children into CWS/CMS within two (2) weeks of the contact. Supervisors will conduct quality reviews of cases in their units to determine staff compliance. Progressive discipline will be implemented in the event staff are not in compliance with documentation of monthly contacts within the required timeframe.	<b>Timeframe</b>	September 30, 2004	<b>Assigned to</b>	CWS Supervisors CWS Social Service Workers
<p><b>Describe systemic changes needed to further support the improvement goal.</b></p> <p>CWS has transferred the SDM tools to CWS/CMS as local Kings County templates; however, for full implementation of SDM, the tools need to be connected to the CWS/CMS application, which will require technical assistance from the Children's Research Center (CRC). CWS staff must become accustomed to full, consistent utilization of the tools for every case and Supervisors must ensure compliance. CWS is currently exploring implementation of case conferences for all CWS cases in a MDT setting, which would require numerous systemic changes including, but not limited to preparation of case conference participants for the process, assignment of clerical responsibilities and adaptation of staff for the process.</p>					
<p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b></p> <p>CWS staff, Supervisors and Managers have been trained on SDM via the Central California Regional Training Academy; however, training for new staff, as well as refresher courses would be valuable. Kings County also desires a contract renewal between the Children's Research Center (CRC) and the California Department of Social Services so that the County can receive invaluable technical assistance aimed at connecting the SDM tools to CWS/CMS. The Central California Regional Training Academy is currently</p>					



**making arrangements to provide professional case conference facilitation training to all CWS staff, Supervisors, Managers and community partners in preparation for this process.**

**Identify roles of the other partners in achieving the improvement goals.**

**Implementation of CWS case conferences would include several partners in the process including, but not limited to the Probation Department, Kings View Counseling Services, Kings Community Action Organization, Kings County Health Department, Santa Rosa Rancheria (ICWA case conferences are in development), First 5 Children and Families Commission and representation from local school districts. Their primary role is one of comprehensive assessment and service provision/referral. The case conference team will depend on a holistic perspective that takes into consideration the unique needs of the children and family and any available community-based resources that can assist them. Agency partners will educate CWS staff about the services available from their respective programs so that CWS staff and/or the family can access them. Partners will participate in collective decision-making whereby CWS intervention is planned for families. Children (if they are mature enough for the process) and parents will be invited to participate in this process so that they may actively engage in this partnership. The presence of the family in question is instrumental since they know what their presenting concerns are better than anyone and have insight into how to resolve them.**

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.**

**There are no anticipated regulatory or statutory changes needed to implement the above-referenced projects.**

<b>Outcome/Systemic Factor: Licensed Foster Care and Adoptive Home Recruitment &amp; Retention</b>					
<b>County’s Current Performance (June 2004 County Self-Assessment):</b> Kings County had 51 licensed foster homes when the County Self-Assessment was completed.					
<b>Improvement Goal 5.0:</b> The amount of County licensed foster homes will increase by 20% by September 30, 2005.					
<b>Strategy 5. 1: The Kings County Human Services Agency/Foster Care Licensing Division will implement the Foster Pride Training Program.</b>				<b>Strategy Rationale<sup>1</sup>:</b> Implementation of the Foster Pride Training Program will strengthen the quality of family foster care and adoption services by providing a standardized, structured framework for recruiting, preparing and selecting foster parents and adoptive parents. Foster parents will feel more confident and secure in their roles, which will assist in their recruitment and retention.	
<b>Milestone</b>	<b>5.1.1:</b> Trainers will be selected to present curriculum to foster parents.	<b>Timeframe</b>	September 30, 2004	<b>Assigned to</b>	Shelly Verboon, Licensing Supervisor
	<b>5.1.2:</b> Trainers will be taught how to deliver the Foster Pride Training Program curriculum.		September 30, 2004		Shelly Verboon, Licensing Supervisor
	<b>5.1.3:</b> Foster Pride Training Program classes will be offered to foster parents.		November 1, 2004		Shelly Verboon, Licensing Supervisor
<b>Strategy 5. 2: CWS staff and Supervisors will ensure finalized adoptions are entered into CWS/CMS correctly.</b>				<b>Strategy Rationale<sup>2</sup>:</b> Results of the Kings County Self-Assessment indicated CWS/CMS data in regard to finalized adoptions may be incorrect. Correction of CWS/CMS data will give the County a better idea of what its performance is so that a determination can be made about whether corrective action is necessary.	

<sup>1</sup> Describe how the strategies will build on progress and improve this outcome or systemic factor

<sup>2</sup> Describe how the strategies will build on progress and improve this outcome or systemic factor

Milestone	5.2.1: Supervisors will receive training on CWS/CMS data input in relation to finalized adoptions.	Timeframe	November 30, 2004	Assigned to	Tina Ramirez, Program Manager
	5.2.2: Supervisors will train their staff on CWS/CMS data input in relation to finalized adoptions.		November 30, 2004		CWS Supervisors
Describe systemic changes needed to further support the improvement goal.					
The Kings County Human Services Agency/Foster Care Licensing Program will modify its training requirements for new foster parents to require 24 hours of the Foster Pride Training Program curriculum during the first year of licensure.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals.					
At this time, there is no need for technical assistance from CDSS. The Licensing Supervisor is qualified to implement the Foster Pride Training Program.					
Identify roles of the other partners in achieving the improvement goals.					
The Kings County Human Services Agency is implementing the Foster Pride Training Program internally. Instructors are being recruited from the CPS staff population; therefore, they are the partners involved in implementation. Their role is to present the Foster Pride Training Program curriculum to foster parents. It is also vital for management to support implementation of the program for it to be successful.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.					
There are no known regulatory or statutory changed needed to support program implementation.					